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ABSTRACT

This report, derived from a pan-Commonwealth workshop held in Gaborone, Botswana in June 1996, identifies the skills required for improving partnerships between governments and nongovernmental organizations (NGO's), thus enhancing efficiency and cost-effectiveness in the delivery of educational and public health services. It examines the roles of government and NGOs in education and offers ideas for improving communication between the two. The text advocates legislation that will define the parameters of the government-NGO relationship so that such a partnership is based on accepted criteria, with an emphasis on the importance of building trust between government and the private sector for effective partnership. Furthermore, the implementation of mechanisms that enhance the practical collaboration between government and NGOs will ensure complementarity of services within limited resources. Strategies for building and sustaining partnerships in areas of basic education and for involving all stakeholders are outlined. (RJM)

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Partnership between government and NGOs in basic education and primary health care

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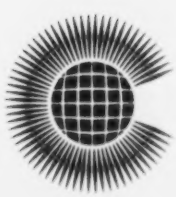

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Foreword

The Commonwealth Secretariat's initiatives on human resource development (HRD) were given greater emphasis with the publication of the report *Foundation for the Future* in 1993. The report, by a Commonwealth Working Group, recognised that people are central to the development process and that the quality of the human resource available is a crucial determinant of socio-economic development. *Foundation for the Future* identified five key strategies which need to be applied together to the core components of HRD, such as education, health and employment, in an integrated and holistic approach.

For states that are thriving, with limited resources, to extend the provision of basic education and primary health care, *Foundation for the Future* advocates that they develop working partnerships with NGOs that are active in these areas. Such partnerships between complementary providers of HRD services can create valuable synergy in extending the reach and efficiency of programmes and the partners can acquire new skills and insights by working closely together. However, this new relationship can lead to tension between governments and NGOs due to differing approaches and perceptions and differences in styles of operation.

The present report focuses on the key HRD strategy "Partnership between government and NGOs" as it applies to basic education and primary health care, and is based on discussions that took place during a pan-Commonwealth workshop held in Gaborone, Botswana in 1996. The workshop aimed to identify skills required for improved partnership between governments and NGOs for enhancing efficiency and cost-effectiveness of the programme delivery system. We present this report with recommendations for action in three specific areas which were identified as vital for better co-ordination, effective partnership and resource sharing between governments and NGOs for delivery of services. The report also contains an Inspection List and Tool Kit, developed as a technique to examine the effectiveness of partnerships.

The workshop in Gaborone was conducted by the Secretariat in partnership with the Commonwealth Foundation, which works with NGOs in member countries. We are extremely grateful for their collaboration. We also express our thanks to the government and NGO representatives of the thirteen Commonwealth countries who participated, to the Education Ministry of Botswana, and to the representatives of international organisations and the New Zealand ODA for their participation in, and contributions to, this workshop.

Professor Stephen A Matlin
Director
Human Resource Development Division
The Commonwealth Secretariat
London

June 1997

Chapter 1 Introduction

1.1 Human resource development

The pan-Commonwealth workshop on *Partnership between Government and NGOs in basic education and primary health care* was held in Gaborone, Botswana in June 1996. It was inaugurated by the Education Minister of Botswana, The Hon Dr G K T Chiepe. The opening addresses were made by The Hon Sir Humphery Maud KCMG, Deputy Secretary General (Economic and Social Affairs) of the Commonwealth and by Dr H Khan, Director Commonwealth Foundation. The Vote of Thanks was presented by Ms Selina Mohsin from the Human Resource Development Division (HRDD) of the Commonwealth Secretariat. The workshop was chaired by Mr P O Molosi, Permanent Secretary, Ministry of Education Government of Botswana.

The participants of this pan-Commonwealth workshop were senior officials from government and non-government organisations of thirteen Commonwealth developing countries and members of International organisations. The Commonwealth Foundation collaborated with the Secretariat in this initiative and NZ ODA Commonwealth Good Government Programme assisted the Secretariat by partially financing this workshop.

The participating countries were Belize, Botswana, Canada, Cameroon, India, Mozambique, Namibia, Pakistan, Solomon Islands, St Lucia, Tanzania, Zambia and Zimbabwe.

This workshop on Human Resource Development Initiative (HRDI) was based on the Commonwealth Secretariat's report Foundation for the Future and focused on the second of the five key strategies. The topic was Partnership between government and NGOs in the areas of basic education and primary health care.

The role of NGOs in most countries is an expanding one. The public sector increasingly see their functions as being predominantly to commission and manage the quality of services rather than be the only operators of services. In such a context the NGOs assume a new relationship of responsibility as major service providers and partners for which a new range of interactional skills is required. The range of this transformation varies according to national circumstances of each country. The key factor in determining the nature of partnership are the attitude of government, the legislative framework, the financial environment which facilitate support and resources for NGO activities and the extent a "civil society" within a country encourages or discourages NGO sector activities which in turn demonstrates the "tenor" of its relationship with government.

However, this recent changes in the NGO sector is not often fully understood by the government resulting in tension in varying degrees between government and NGOs as to the roles and responsibilities of the latter in adequately meeting the demands of present socio-economic needs of the society. In many countries a common feature is one of mistrust or lack of mutual understanding. Often legislation can also inhibit the growth of the NGO sector in the realisation of its potential contribution to meeting social sector needs.

1.2 Key issues

The following key issues were considered during the workshop:

- Clear definition of roles between government and NGOs including identification of activities best done by government and NGOs respectively for maximum impact and cost effective delivery of services.
- Better and more "dynamic" means of communication between government and NGOs for understanding and congruence in goals and priorities.
- Enabling legislature in order to define parameters of the relationship so that partnership is based on accepted criteria.
- Building of trust between government and NGOs for effective partnership.
- Accountability and transparency in all aspects of the partnership process to avoid misunderstanding.
- Mechanisms for the development of practical collaboration between government and NGOs as partners to ensure complementarity of services within limited resources.
- Strategies for capacity building and sustainability of projects for ensuring viable partnership in areas of basic education and primary health care.

- Involvement of all stakeholders at different stages of the development process in order to reflect local needs and priorities for effective implementation of activities in partnership between government and the NGOs.

1.3 Three specific areas

Within the context of these broad issues the workshop covered three specific areas:

- Constructive resolution of differences between government and NGOs for effective implementation of HRD initiatives.
- Participatory planning and joint goal setting in the areas of basic education and primary health care.
- Techniques of evaluating the partnership process in the areas of basic education and primary health care.

The participants of the workshop covered each of the skills in working groups and in plenary sessions. A number of conclusions and recommendations were made as to how each of the skill area might be developed in order to create viable partnership beyween government and the NGOs in the delivery of services in the areas of basic education and primary health care.

The participants brought case studies based on guidelines provided by the Human Resource Development Division (HRDD) as a background document for the workshop.

This report includes recommendations, synthesis of group discussions on the three skills, synthesis of the case studies, examples of good practices and constraints along with an inspection list and tool kit as a practical actions for member countries to follow in relation to the three skill areas.

During the concluding session the participants urged the Commonwealth Secretariat, the Commonwealth Foundation and donor agencies who were present to see how they could effectively assist member countries to take forward the proposals and recommendations made at the workshop and translate them into practical courses of action to suit their national requirements.

The partnership process for development and capacity building is complex. The present report is intended to make useful contributions by addressing what are believed to be core issues in practical terms for creating synergestic partnership in the areas of basic education and primary health care.

Chapter 2 Recommendations

2.1 Constructive resolution of differences between governments and NGOs for effective implementation of HRD initiatives

The workshop participants came up with the following recommendations in the above area.

- Mechanisms set up to promote regular meetings between government and NGOs as full communication is essential to foster dialogue and cooperation in all aspects of partnership. A handbook produced with communication and operational guidelines agreed by partners would be useful in enhancing partnership.
- Frameworks and fora set up to facilitate collaboration between government and NGOs to determine areas of respective roles and mutual strengths. Government should initiate them, for example, by establishing a focal point within health and education ministries for working in partnership with NGOs.
- Umbrella bodies for NGO co-ordination at a national level established (if not already present) with subcommittees for education and health, as NGOs need to be responsible for their own co-ordination, both horizontally and vertically.
- Institutional mechanism put in place for improving accountability by both sides for example by legislation, budget statements available to both partners, management and financial audits, and which allow for accountability to beneficiaries. Accountability is critical to resolving differences and promoting effective implementation of HRD initiatives. It is part of the process of transparency which applies to both NGOs and government.
- More enabling legislation, including tax concessions, introduced by government to create a positive context for constructive dialogue. This would establish clearer and agreed legislative parameters for implementation of initiatives by both parties.
- Governments ability to recognise the strengths of NGOs, especially at the grass roots level. Although not only NGOs work at this level, they have a particular strength in the delivery of basic education and primary health care services at the grass roots level. Their service delivery role at this level should be enhanced and supported by different funding sources, either as part of government budgets or on behalf of external aid programmes.
- Maximum use of local expertise in implementing initiatives, including resources provided by beneficiaries.

2.2 Participatory planning and joint goal setting

The workshop participants came up with the following recommendations in the above area.

- Transparency on the part of both governments and NGOs is critical to making the process of participatory planning and joint goal setting a real one. It would be aided by better flow and sharing of information, for example, through strengthened data-bases.
- An enabling environment established through consultation where NGO's perceive their roles as partners with government in joint goal setting rather than simply as pressure groups.
- Operational mechanisms set up that allow participation of NGOs so that grassroots needs and community priorities to be reflected in policy goals and implementation plans. Active involvement of all stakeholders and on-going consultation at all levels is essential for effective planning and joint goal setting.
- Greater responsibilities placed on communities for management of schools and primary health centres would improve local level planning and joint goal setting by government in partnership with NGOs.
- Plans and goals should be realistic, achievable, relevant and appropriate to needs and should respond to the real situation.

2.3 Principles and techniques recommended for the evaluation of the partnership process in the areas of basic education primary health care are:

The workshop participants came up with the following recommendations in the above area.

- All stakeholders should be consulted on all aspects in planning and evaluation and the methodology used should ensure quality assurance, standards of performance in delivery of services and effectiveness in meeting the goals and targets for projects.

This should be built into the planning of projects.

- Instruments of evaluation and evaluators used should be both gender and culture sensitive.
- Evaluation and the method(s) selected should be people focused, reflecting their ultimate concerns of projects, rather than ensuring solely cost-benefit in implementation.
- Participatory Rural Appraisal (PRA) should be used more as an evaluation technique where it is particularly relevant to specific socio-cultural environments and local communities at the grassroots level.
- Training in skills of monitoring and evaluation, especially PRA, through a series of national and sub-regional workshops is needed for all involved in project evaluation.

Evaluation results should be widely disseminated and in a language understandable to beneficiaries. Results should be formulated and analysed so that the lessons learnt could be used for future strategic planning. This will ensure the efficiency and effectiveness of implementation of future projects to achieve set targets and promote partnership.

2.4 Recommendations for all three areas

The participants agreed that the following recommendations were applicable for all three areas.

- Inspection Lists and Tool Kits developed at the workshop should be pilot tested for relevance and applicability before wider dissemination and use. The Commonwealth Secretariat could consider how this might be arranged.
- Proposals from this workshop should be taken forward and translated into concrete actions specific to individual countries at national and regional workshops.
- The HRD inspection list and tool kit identifies areas of intervention and defines factors and indicators in the first two columns. The third column suggests indicators of achievement. The HRD inspection list and tool kit deals with the three key issues of partnership described earlier. The tool kit may be used for identifying appropriate strategies and for obtaining guidance on actions required for effective partnership between government and non-governemtal organisations (NGOs) for delivery of services. It is not always possible to achieve full success but the indicators of achievement are included as targets for human resource development. The Commonwealth Secretariat and other donors could assist countries to develop and implement the strategies.

Chapter 3 Inspection list and tool kit
Constructive resolution of differences between government and NGOs for effective implementation of HRD initiatives

Factors	Strategy/action recommended	Indicator of achievement
1.1 Selection		
Fair selection of partners.	Develop open and transparent procedures for selection of project partners taking into account political and other loyalties/affiliations.	Removal of instances of nepotism. Common understanding of the fairness of selection process.
	Develop national data-base on NGOs and areas in which they work.	Greater efficiency in delivery of services.
Mutual respect and recognition of complementary roles of Governments and NGOs in development.	Through consultation identify and appreciate strengths; weaknesses; and determine roles and responsibilities of partners.	Increased knowledge of capacities of government and non-government organisation.
	Establish fora for joint strategic planning and for resolving differences of opinion in mutually satisfactory way.	Mutual respect and recognition between government and NGOs. Common understanding of roles.
1.2 Communication		
Effective communication.	Establish appropriate fora for NGOs Governments and communities for consultation.	Increased participation of NGOs in all aspects of project development and implementation.
	Strengthen NGOs networks to improve communication between NGOs.	
	Use structures (umbrella groups or federation) to channel information between government and NGOs.	Knowledge of activities of partners.
	Develop resource centres where information could be easily accessed.	Resource centres established.
	Prepare handbook giving communication and operational guidelines agreed by partners.	Use of handbook by partners.
	Establish MIS which is accessible to both parties for sharing of information.	Access to relevant information.
Improved dialogue between NGOs, ministries and between NGOs and government.	Strengthen intra and inter ministerial committees or other appropriate fora for sharing of information among ministries.	Constructive dialogue which maximises efficiency and cost-effectiveness while retaining NGO independence and autonomy.
	Develop appropriate fora for dialogue between NGOs and government and between NGOs themselves.	
	Set up focal points within ministries to deal with NGOs.	Focal points set up and necessary activities undertaken.
1.3 Co-ordination		
Co-ordination of partnership centres.	Share information among partners to avoid overlap and duplication and waste of resources.	Duplication of activities avoided.
	Submit periodic reports and convene meetings of partners to discuss progress of projects.	Cost effective implementation of projects.

Factors	Strategy/action recommended	Indicator of achievement
1.4 Decentralisation and Devolution		
Decentralisation and devolution of authority to facilitate interaction of representation of government and NGOs at all levels.	Establish agreed structures for devolving administrative and financial authority as appropriate. Train persons (both government and NGOs) at various levels to deal with devolved administrative and financial issues. ◆ Roles and responsibilities of partners clearly defined. ◆ Multi-sectoral co-ordination at local level set up. ◆ Local government and NGO fora for accountability to beneficiaries established.	More effective involvement of relevant partners in planning; decision-making at all levels; and implementation of service delivery. Competent NGO personnel assured at all levels. Personnel with relevant skills available at all levels. Beneficiaries made aware of effective service delivery.
Consensus on priorities for partnership in primary health care and basic education.	Establish consultative process for determining and agreeing on priorities. Involve beneficiaries to identify needs and priorities. Ensure flexibility of the consultative process so that emerging priorities and changes in priorities can be incorporated easily.	Reduction in conflict situations. Agreed priorities for partners. Better coverage of basic education and primary health care. Primary health care and basic education available to all beneficiaries.
1.5 Policy and Legislation		
Enabling policies and legislation.	Involve NGOs in policy formulation. Develop legislative framework on basis of agreed policy guidelines. Establish training courses for NGO personnel in policy formulation and legislation where necessary. Conduct research on existing legislation to identify inadequacy and improve mechanisms for government/NGO participation. Identify NGOs which are eligible for favourable tax treatment according to national legislation.	Agreed policies and legislative framework for partnerships between governments and NGOs. Participation of NGOs in policy making and legislation. Necessary training provided to NGO personnel in policy formulation and legislation. Government/NGO participation improved.
Tax concessions and incentives.	Provide enabling policies/legislation for NGOs to get exemptions according to agreed criteria.	Tax exemptions for NGOs.

Factors	Strategy/action recommended	Indicator of achievement
1.6 Capacity Building		
HRD capacity building.	Identify strengths and weaknesses for appropriate training.	Strengths and weaknesses identified for training purposes.
	Provide appropriate training using resource persons from both government and NGOs as appropriate.	Increase in appropriate skills.
	Allocate funds for appropriate follow-up and support training in developing projects.	More effective and efficient service delivery.
	Provide scholarships, attachments and in- service training.	Level of expenditure on training identified and agreed upon.
	Exchange of expertise with NGOs.	Relevant persons trained and capacity increased.
1.7 Gender		
Gender equity.	Ensure gender issues are incorporated in constitutions legislation, policies and programmes.	Appropriate legislation, policies etc.
	Recognise the particular needs of women and girls in basic education and primary health care.	Increase in number of scholarships for girls.
	Ensure equitable access to the development process for disadvantaged groups.	
	Provide resources/incentives to redress imbalances.	Gender equity in provision of services.
	Document and share successful case studies on mainstreaming of gender issues in projects.	Case studies documented and circulated.
	Provide opportunities for participation of women and girls in development activities to ensure gender balance.	
	Critical analysis of traditional culture for creating gender balance.	Instruments developed to address gender inequity.
	Design instruments to evaluate gender equity in service delivery and make provisions for necessary modifications.	Gender imbalance redressed.
1.8 Resources		
Provision of resources for NGOs.	Earmark resources for agreed activities to be implemented by partner NGOs and those who deliver services for government. Allocate resources depending on variables such as number of NGOs, agreed priorities and state of economy.	Legislation present for providing resources for NGOs. Budget allocated for partner NGO activity.
	Create legislation for provision of resources for NGOs in the area of education and health services where it is not present.	

Factors	Strategy/action recommended	Indicator of achievement
1.8 Resources (continued)		
Effective use of financial resources by government and NGOs.	Develop clear agreed objectives for qualitative and quantitative outputs.	Agreed objectives.
	Prepare adequate budgets for allocation of resources.	Audited financial budget statements.
	Devise strategies for reducing administration costs and increasing resources that go directly to beneficiaries.	
	Involve beneficiaries in determining where funds should go.	Cost effective utilisation of resources.
	Develop in-built monitoring system to assess the effectiveness of resource utilisation.	
1.9 Transparency and Accountability		
Transparency and accountability by both governments and NGOs.	Establish criteria for evaluating transparency and accountability through consultation.	Criteria for transparency observed by to all partners.
	Share information among stakeholders on funding available for projects.	Knowledge by partners of funding for projects.
	Use appropriate mechanisms to ensure accountability to beneficiaries.	Legislation to ensure accountability.
	Provide legislation to make partners accountable.	Budget and audited statements available to all partners.
	Require audited statements at stipulated periods from governments and NGOs to show how funds are used.	
1.10 Expertise		
Maximising use of expertise.	Involve partners including beneficiaries in discussions on use of experts/resources persons.	Agreement on and common understanding of work expected of experts/resource persons.
	Negotiate with international community/providers for experts with required skills and sensitivity to local culture.	
	Conduct orientation and training workshops for external experts to ensure that they have relatively good understanding of beneficiaries and their needs.	Improved health and education programmes through use of appropriate experts/resource persons.
	Develop local expertise and strengthen data- bases of local experts and use them as appropriate, especially where international agencies need to recognise expertise and their contribution.	Transfer of skills from experts/resources to local counterparts.
	Develop and strengthen local expertise and establish data-base on experts/resource persons.	Data-base established.

Factors	Strategy/action recommended	Indicator of achievement
1.11 Sustainability		
Sustainability of partnership projects by beneficiaries.	At planning stage, devise mechanisms for gradual transfer of responsibility to communities where appropriate.	Mechanisms in place for gradual transfer of responsibilities.
	Identify skills required by communities and provide appropriate training.	Training in skill development undertaken.
	Involve community at all stages of project.	
	Help community develop income generating activities to support project for sustainability. Identify ways to access resources where possible.	Continuation of project by communities as planned with little or no external assistance.

Inspection list and tool kit
Participatory planning and joint goal setting in the areas of basic education and primary health care

Factors	Strategy/action recommended	Indicator of achievement
2.1 Policy		
Joint policy development in education and health.	Create a conducive atmosphere through mutual agreement on policy development.	Agreed health and education policies.
	Develop policy framework through consultative process to ensure inputs from all levels of society.	Consultative framework established
	Establish or improve mechanism to develop draft policy using inputs obtained.	
	Establish mechanism for training of relevant NGO and government personnel in policy development.	Government and NGO personnel trained in policy development.
	Refine and agree on policy through consultation at all levels (For example, the Botswana National Commission on Education).	Policy agreed by all parties through consultation at levels.
2.2 Planning		
Joint planning.	Create fora for discussion related to joint planning and goal setting.	
	Develop planning cycle according to model given below:	Structure for planning cycle in place.
	Community - District - Province - State by all stakeholders.	
	At each level set priorities.	
	Establish mechanism for joint discussion on priorities and issues at the national level before finalisation of national plans.	
	Identify government ministry to co-ordinate activities.	Consensus on plans and priorities and joint planning process established.
2.3 Ownership		
Ownership of projects by communities as main stakeholders.	Create fora where members of communities can identify needs, discuss projects and their effects on the community in order to generate a sense of ownership.	Sense of ownership created.
	Give priority to needs and goals of beneficiaries at all stages of planning and implementation.	Community needs met.
	Establish structures to assign responsibility at various levels.	Audit of local participation and partnership.

Factors	Strategy/action recommended	Indicator of achievement
2.4 Equity		
Equitable and appropriate provision of primary health care and basic education.	Put in place agreed policies that promote equity in the distribution of provision among government and NGOs. Identify and share information on factors that contribute to inequitable provisions among government and NGOs. Identify quantitative and qualitative indicators of equity. Monitor delivery of programmes using agreed indicators. Use results of monitoring process undertaken by government and NGOs to develop agreed programmes to redress inequity.	Equitable provision of primary health care and basic education according to agreed and established policies and indicators.
2.5 Complementarity		
Complementarity of education and health provisions by both government and NGOs.	Identify NGOs with comparative advantage in certain areas in education and health. Encourage the inclusion in relevant boards councils, other management structures representatives of NGOs and other social partners. Involve such NGOs and appropriate representatives of community in planning, identification of specific training needs and development of curriculum in education and health. Provide NGOs opportunity to participate in government education and health programmes (eg teacher education and use NGO resources in government education and health programmes as appropriate).	Consensus on content and improved delivery of health and education programmes.
2.6 Standards		
Agreed standards of performance and quality.	Develop through consultation with all stakeholders agreed criteria and performance indicators. Analyse constraints using appropriate techniques or other developments in project implementation, and make necessary corrections.	Agreed criteria and performance standards available to all stakeholders. Constraints analysed and necessary correction made to maintain standards of performance and quality.

Inspection list and tool kit
Techniques of evaluating the partnership process in the areas of basic education and primary health care

Factors	Strategy/action recommended	Indicator of achievement
3.1 Evaluation		
Develop conducive environment for evaluation. Participatory conceptual framework for evaluation.	Hold consultations with partners and stakeholders to develop trust and respect through an understanding of need, purpose, process and use of evaluation.	Mutual trust and respect established.
	Clarify context for common understanding of factors that must be taken into account in evaluation.	Agreement among stakeholders on various aspects of evaluation.
	Agree purpose, approach, outcome etc in planning stage.	Agreement on framework which includes purpose, approach, outcome indicators etc.
	Share information on evaluation process with beneficiaries as far as practicable.	Information on evaluation process shared with partners and beneficiaries.
3.2 Objectivity		
Objectivity in evaluation team.	Include on team, representatives of government, NGOs, beneficiaries and donors and independent evaluators/arbiters.	
	Agree on various elements of evaluation (eg objectives, approach, outcome indicators etc).	Mutual satisfaction with the evaluation process.
	Select independent evaluator/arbiter according to agreed criteria (eg open agenda, sensitivity to culture, independence).	
3.3 Terms of Reference		
Terms of Reference (TOR)	Identify specific roles of stakeholders through consultation.	Enhanced mutual trust through identification of specific roles.
	Consult among team members to agree on terms of reference including objectives, methodology, roles, timeframes and responsibilities.	Agreed terms of reference.
3.4 Capacity Building		
Capacity building for evaluation.	Orient and train participants of the evaluation team comprising members of the government and NGO sector to conduct evaluation in a holistic way.	
	Use skills of team appropriately so that they are complementary in a holistic framework.	Skilled persons available for evaluation.

Factors	Strategy/action recommended	Indicator of achievement
3.5 Time-frame		
Time-frame.	Consult all stakeholders to agree on specific timing for various phases of evaluation. Take into account resources available when establishing time-frame.	Agreed dates for evaluation activities.
3.6 Gender		
Gender issues in evaluation.	Identify gender issues at all levels of project and take them into consideration in this evaluation process. Identify strategies to overcome impediments in incorporating gender issues highlighted in the evaluation. Create fora where strategies are agreed by both government and NGO sector.	Relevant gender issues identified and addressed.
3.7 Infromation		
Base-line information.	Conduct appropriate feasibility studies (eg surveys) to obtain base-line data. Agree base-line data to be used in evaluation. Use selected evaluation data at each stage as base-line information for next phase.	Agreed base-line data.
3.8 Selection		
Selection of appropriate instrument.	Examine and identify strengths and weaknesses of various alternative instruments for use in evaluation. Select instruments that are appropriate for both process and product, cost-effective and within competence of the team. If necessary, use a mix of instruments to get different kinds of information. Ensure that beneficiaries are able to participate meaningfully in evaluation.	Appropriate instruments and meaningful participation of beneficiaries agreed and undertaken.
3.9 Indicators		
Qualitative and Quantitative indicators.	Agree on both qualitative and quantitative indicators for both process and product by careful consideration of project elements and resources available. Develop indicators at start of project and relate them to objectives.	Agreed indicators established.

Factors	Strategy/action recommended	Indicator of achievement
3.10 Partnership		
Evaluation of partnership process.	Ensure common understanding of the partnership process. Establish agreed criteria to measure factors that reflect development of trust, mutual respect and other elements of partnership. Agree inferences that can be made on partnership process from quality of outcomes. Develop agreed indicators to determine how well partners carried out their roles in the partnership agreement. Identify shortfalls in the partnership process and take appropriate steps agreed by all parties to rectify them.	Agreement on method and criteria for evaluating partnership.
3.11 Reporting		
Reporting of process, findings and recommendations.	Jointly produce reports. Disseminate appropriate report to all stakeholders. Discuss report in appropriate fora. Facilitate understanding of findings using appropriate media and techniques. Facilitate interpretation and understanding of the report by various interested groups.	Agreed report produced and disseminated.
3.12 Feed-back and follow-up		
Feed-back and follow-up action.	Identify key elements of findings relevant to future projects. Identify and make appropriate changes to current project based on evaluation at a particular stage. Carry impact evaluation after agreed period of time to determine long term effects. Apply lessons learnt to new projects.	Strengthened partnership. Strengths and weaknesses identified and changes made. Short-term and long-term outputs that impact on improved quality of life. (eg poverty reduction) realised. Improved efficiency and cost-effectiveness in future projects. Improvement in Quality of Life (QOL) and building of self-confidence and self-sufficiency in communities.

Chapter 4 Constructive resolution of differences between government and NGOs for effective implementation of HRD strategies

4.1 Synthesis of group discussions

Building effective partnership between government and NGOs is not an end in itself but a means to improve the implementation and impact of programmes for human resource development in which both partners are involved. The initial method would be to find areas of agreement. This is much more feasible than to identify areas of disagreement and take a confrontational approach if the aim is to move towards positive results.

After identification of areas of concensus both government and NGOs need to critically and objectively examine the areas of differences that lead to conflicts and keep them as the basis for formulating strategies for constructive resolution of differences. Mutual respect, recognition and trust are the best means of avoiding conflict. One of the prime factors for lack of mutual respect rise from the fact that often government considers itself to be in a superior position and regard all services as part of their own territory. On the other hand NGOs find that government is often an ineffective agent at grass roots level but, inspite of this shortcoming, fail to clearly appreciate services rendered by NGOs. This results in conflict, misunderstanding, unnecessary duplication and wastage of resources.

One of the issues fundamental to the resolution of differences is the recognition by government and NGOs as to the most effective role each can play in the implementation of education and health initiatives. The respective roles of government and NGOs in partnership need to be defined clearly, so that those activities best done by either can be identified for maximum impact and most effective delivery in relation to available resources. Both government and NGOs work at grass roots level, however, NGOs, due to their flexibility, adaptability and mode of operation can extend their reach to remote rural areas where governments have not often been able to provide services effectively. If government recognises that services in such areas can be better accomplished by NGOs, duplication can be avoided and coordination improved. Thus both government and NGOs need to prioritise areas of overlap and identify which partner has comparative advantage over delivery of services in area specific contexts. Then the comparative advantage of NGOs as service deliverers of primary health and basic education at the grass roots level would be accepted and agreed by both parties.

Box 1.0

St Lucia: Partnership in the delivery of health services

The island of St Lucia with a population of approximately 143,000 is located in the Eastern Caribbean. The economy is fragile and is based on tourism, light industries and agriculture. One of the main objective of the government of St Lucia is to address health and education issues. The Ministry of Health collaborates with NGOs such as the St Lucia Cancer Society, St Lucia Sickle Cell Association, the Diabetic and Hypertension Association and the St Lucia Planned Parenthood Association in the delivery of health care. The NGOs which work in partnership with the Ministry in the delivery of health services receive annual subventions from Government to finance their operations. The St Lucia Cancer Society from its inception in 1981 has maintained a strong partnership with the Ministry of Health in the delivery of Cancer Care Services. In 1983 the Society procured the Early Detection Programme and Government adopted the programme which is now offered in all the eight regions of St Lucia. The Ministry of Health provided finances to the society to procure the services of clinic nurses at the Society's Early Detection Clinic.

Through the Society's partnership with the government came other partnerships such as the French Government Assistance in the provision of octologists visits to St Lucia to examine patients for overseas treatment.

Sustainable development is the common aim of both governments and NGOs so mechanisms for partnership should become complementary rather than competitive when resources are limited in relation to needs.

Conflicts arise at different levels of operation:

- Policy formulation level
- Programme implementation level due to dissimilar perceptions between government and NGOs regarding supply and demand for services
- Individual level, especially recognising the diverse circumstances in which both government and NGOs operate which influences their styles of management

In considering these various levels of conflict, the individual characteristics of countries, especially their size and level of development requires to be taken into account.

Box 2.0

The necessity for constructive resolution of differences
The case of Namibia

The Republic of Namibia is located on the South Western coast of Africa astride the Tropic of Capricorn. The total area of the country is 825,118 sq kms with a population of 1,560.00. The Republic of Namibia became independent in 1990. In order for NGOs and government to resolve differences and work together a Consultative Workshop was held in Namibia by the NGOs in 1993 on Enhancing Dialogue, Cooperation and Interface between government of Namibia and NGOs to investigate the constraints and obstacles to effective NGO/Government cooperation and coordination. Interviews were taken of both government and NGO officials and two focus group discussions were held. In this workshop over 80 different constraints and obstacles to effective cooperation between government and NGOs were identified. The most serious shortcoming was the lack of effective communication between government and NGOs which led to a situation where Government Ministers neither understood nor fully trusted NGOs. Some government officials viewed NGOs as competitors. When consultation did take place it was on an ad hoc basis. The existing legislation and procedures were not flexible enough to meet the needs of NGOs. This state of affairs was further aggravated by the fact that some government officials have a natural aversion to collaborating with individuals and organisations that do not report directly to them, preferring instead a "top down" approach in their dealings with NGOs. It was also noted that due to historic reasons some NGOs had been hesitant to work with government. In fact some NGOs affiliation with the opposition parties was seen as anti-government. It was also found that some NGOs were working at cross purposes with government and not strictly following the outlines of Government development policy as outlined in the draft version of the National Development Plan 1. In addition there was a perceived lack of accountability on the part of some NGOs.

This is an example where it is essential and imperative to create fora for constructive resolution of differences between the Government of Namibia and the NGOs in order to work closely for sustainable development.

4.2 Consultation

The best possible way to resolve conflicts at all levels is for government/NGO relations to take place within an agreed framework where:

- Government in consultation with NGOs develop policies so that vision, aims and objectives are clearly understood and monitored
- Government in partnership with NGOs develop a structure for coordinating the activities of programme formulation and implementation according to agreed goals and priorities.

4.3 Legislation

For achieving this consultative culture an enabling legislative framework is essential.

- Legislative framework should be developed on the basis of agreed policy guidelines which will define the parameters of relationship between government and NGOs. In this regard there is a necessity to develop the capacity of NGOs to engage in the formulation of policies.
- Legislative framework should take into account transparency and accountability in areas of joint collaboration between government and NGOs to ensure elimination of bias in policies and practices.

  Both government and NGOs should be equally accountable in all areas from financial management to quality of performance. Audited statements should be available to the government, NGOs and community especially where government has provided the funds for a programme. It must, however, be remembered that a certain amount of autonomy should be ensured at the community level for NGOs to operate effectively. A more productive partnership and resolution of differences would be promoted by sharing information and documents including annual reports and audited financial statements.

  Accountability and transparency are therefore necessary in all aspects of the partnership process if mistrust in both direction is to be dispelled. One recurring issue is the necessity to clarify the nature of the relationship where government funds

NGOs to deliver its services. Governments require to change and improve procedures regarding government/NGO/donor fund requisition and management in order to facilitate access to and utilisation of funds for specified projects. A more contentious area is where NGOs are directly funded by international donors, who are concerned over government's policies or government's ability to implement projects. In such donor funded projects NGOs need to be accountable to the government, beneficiaries and to the donors for the sake of transparency and for creating trust in their own activities.

- Appropriate legislation plays a critical role in creating a conducive environment for the realisation of human resource development initiatives and in establishing performance criteria and appraisal system for ensuring accountability and transparency.
- In this regard the legislation needs to assist in the setting up of structures to facilitate collaboration at all levels- community, district, regional and national. Such institutional mechanisms should allow for vertical and horizontal communication between ministries and NGOs and clear information on the "rules of the game" to avoid confusion and mistrust. Sometimes rules can change very quickly, such as when government decides to decentralise which can suddenly lead to great confusion. Ignorance and lack of adequate information can be serious impediments in finding solutions to resolve differences.
- Good management will form an essential component of the infrastructure for ensuring transparency and accountability. The development of agreed standards of performance and compliance with them together with identification of clear and agreed objectives for quantitative and qualitative outputs are necessary for conflict resolution, efficient and cost effective delivery of services.

Agreed mechanisms will improve both government and NGOs understanding of each other. This envisages a more "dynamic" communication between ministries and between government and NGOs since lack of communication is the main factor for bitterness and misunderstanding. Effective communication can build partnership between government and NGOs so that there is more common understanding and congruence in goals and priorities.

Zambia: The NGOs in Zambia have a multi-disciplinary forum that meet four times a year. In the Ministry of Education forums have recently been formulated where major stakeholders including government and NGOs meet twice a month for consultation.

India: There are national level Consultative Councils that advise district level consultative bodies and the members comprise Heads of Departments of different Ministries and NGOs.

Tanzania: The government has not been able to provide special education to all children with disabilities. Consequently the NGOs have established twenty seven schools for providing special education services including boarding facilities in some institutions. The Government of Tanzania has recognised the contribution of the NGOs and has now withdrawn tax on health and school supplies.

The term "Government Targets" should be replaced by the term "National Targets". National targets must reflect local targets and local realities. With the above change targets should be fixed by a country depending on the state of its economy, stage of development, number of NGOs working in the area of primary health and basic education and the scope of their work. Joint participation by government and NGOs in development projects on health and education will lead to joint ownership in implementation and outcome of projects once there is an agreement on the goals and how they are to be achieved. There must be an understanding that neither government nor NGOs own a project/programme. It is owned by the community.

4.4 Financial support

Regarding financial support two different views can be considered. One view is that governments of certain countries cannot provide NGOs with financial support as this is contrary to the existing policy. The other view is that at policy making level there should be provision for government to accommodate financial requirements of NGOs in their budgets for those activities in health and education which both parties have agreed that NGOs should implement due to their comparative advantage.

Financial support to NGOs by government would assist the NGOs to strengthen their institutional capacity resulting in improved management and implementation of projects/programmes. For example finances could be used to pay salaries of staff members, training, equipment for community use for skills development.

4.5 Training

Training is an important area for improving partnership. In the area of training where facilities exist, NGOs should train relevant persons for basic education and primary health care services and government should make use of their expertise and vice versa. This reciprocity in training, exchange and sharing of skills development and management is important. Usually government is in a better position to provide training and has an important role to play in supporting local groups and NGOs with technical services and training. Governments need to recognise the expanding role of NGOs and allocate resources to strengthen NGO capacities through training. Training for capacity building and good management jointly by both parties will help to create a commonality of purpose and diminish areas of differences.

Box 3.0

Public health in India

The role of voluntary agencies (NGOs) in India in the promotion of health and family welfare has been recognised and given necessary importance by the government. The Ministry of Health and Family Welfare has liberalised policies towards greater involvement and participation of the voluntary agencies. The Government of India now provides funds to VAs more liberally and try to reduce bottleneck regarding non availability of funds to VAs in this critical sector. Some of the initiatives taken by the Ministry are as follows:

A Standing committee on voluntary services has been set up in 1986 and a proposal to set up an apex body called "Society for Voluntary Action for Family Welfare and Health" (VAFAH) is under active consideration. The aim of this apex body will be to channelise all Central Voluntary Sector funding to the grass roots level VAs and also provide training to VA personnel in the formulation of projects and overall management. In order to expedite this initiative all nodal officers in States and Union territories have been notified by the Ministry of Health and Family welfare to facilitate speedy action on the proposals of VAs for financial assistance. In remote rural areas where provision of health services have been deficient due to lack of adequate infrastructure and skilled manpower including doctors it has been proposed to introduce the "MELA" (FAIR) approach. The health fairs or "Swasthya Melas" will be able to deliver not only services and counselling linked with the family welfare programme but also other health support for eye disorders, skin ailments, intestinal parasites and diseases such as tuberculosis and malaria. The main purpose is to make family welfare synonymous with family health care.

4.6 Sustainability

One of the most important conditions for effective resolution of differences is sustainability of results. In order to ensure sustainability mechanisms for strategic forward planning should be in-built from the initial planning stage. This should be a joint effort between government and NGOs. Income generating activities which may be a source of finance when donors withdraw their assistance should be undertaken; projects should be developed using appropriate and affordable technology; provision should be made for takeover by government/community on a phased basis. Such joint ventures will develop trust and mutual respect which will help in the sustainability of both projects and partnership.

4.7 Gender sensitivity

Gender sensitivity is a very significant issue and helps to foster partnership. Constitutional and legal provisions are required to ensure equitable access to basic education and primary health care by women and girls including scholarships for girls' education. Gender equity in all service provision in partnership is desirable.

4.8 Improved data-base

Another important factor for enhancing partnership is mutual agreement between government and NGOs to strengthen existing data-base within a country to identify available skills and shortfalls. Where data-bases do not exist they should be set up and should be accessible to both parties. The importance of information sharing and free flow of information between the two parties will help to create a synergistic relationship.

Consequently there is a need for rethinking in the areas of legislation, financial accountability and sharing of information for creating viable partnership between government and NGOs.

Chapter 5 Particpatory planning and joint goal setting in the areas of basic education and primary health care

5.1 Synthesis of group discussions

Participatory planning can be sustained only if it arises out of consensus. Consensus is often difficult to achieve. It requires facing up to difficult situations, vested interests, political and personal expectations that may need to be revised and official positions that may need to be questioned. This requires the creation of favourable context for both partners to work together. The basic premise in participatory planning and joint goal setting is that account must be taken of all actors in the planning process. Experience suggests that the best approach would be where government provided broad principles and goals to guide activities and where communities and NGOs, who work at the grass roots level, are consulted through various foras up to the top level.

Participatory planning has to reflect the needs of the beneficiaries and priorities at the local level. NGOs must be willing to be partners with the government in joint goal setting and appreciate all the implications involved rather than bring a "pressure group approach" to policy formulation. As willing partners NGOs can ensure that the needs of the beneficiaries at the grass roots level is represented. This will be the main strength and distinct contribution of the NGOs to the planning process.

Box 4.0

Partnership in education and health programmes

Tanzania has an area of 960,000 sq km and is situated on the eastern coast of Africa. The country became independent in 1961 and according to the population census of 1995 Tanzania has a population of 28 million. The population growth rate of 2.8% per annum is high and The World Bank in 1995 estimated that 50 % of the population lived on less than US$1 per day. Recognising the low level of income and inequitable distribution of capital the Government realised the importance of education and health services for socio-economic development of the people. Since the public sector alone is unable to provide services to the growing population the Government of Tanzania is giving increased recognition to NGOs in bridging the gaps in the delivery of social services.

There are over 200 local NGOs and 50 International NGOs in Tanzania today. By operating at grass roots level and often in remote rural areas, NGOs have been instrumental in reaching the poorest section of the community in the country. By working at the community level they have an advantage of getting accurate information and knowledge about needs and interests of the local people. They also provide a critical link between planners and policy makers on one hand and the beneficieries on the other.

Some of the achievements attained through collaboration are:

- *Increased financial allocation to education and health institutions.*
- *Construction of new schools, hospitals and dispensaries in rural areas.*
- *Implementation of programme strategy whereby NGOs are given responsibility to monitor parents contribution to Universal Primary Education (UPE).*

  This contribution is used to increase and improve physical facilities of schools.
- *Establishment of institutionbs for training of School Management Teams using community based education for preparation and implementation of school based and district based Education Plans including operational strategies for raising academic standards of schools.*
- *Establishment of mechanisms for transparency in areas of performance, management and finances.*
- *Creation of opportunity for the communities and parents to take active part in the education of their children.*

In Tanzania all Special Schools for education are run by NGOs or church organisation in collaboration with the government. These include schools for the visually impaired, physically and mentally handicapped. However, some constraints exist which need to be addressed by the Government in partnership with the NGOs. These include resource constraints, lack of sustainability and management when financial assistance by donor agencies is withdrawn.

5.2 Four levels of partnership

In order to achieve effective partnership for participatory planning four levels can be identified within a general framework for beneficiaries, NGOs and government to consult and provide inputs. Both "top down" and "bottom up" methods of communication is essential. Coordination in planning should be persued through a series of pragmatic and incremental steps.

Level i: At this level NGOs and communities should decide on needs and priorities through planning and discussions.

Level ii: NGOs with similar interests in the areas of education and health should meet in their special sub-committees to identify service needs and priorities.

Level iii: Sub-committees at this level should forward their recommendations and priorities to the NGO umbrella body. Sub-committees are important as they allow small NGOs opportunities to voice their concerns.

Level iv: The Umbrella body needs to forward its recommendations to the Government-NGO Planning Committee. It is necessary for NGO Umbrella body to meet the Government within the planning schedule of concerned Ministries.

This process may encounter problems such as lack of adequate recognition of NGO viewpoints by government; lack of or inadequate channels of communication; the negative attitude of both government and NGOs leading to lack of mutual trust and respect. For participatory planning to work effectively these constraints needs to be recognised and addressed carefully.

Botswana provided a model for policy development through a consultative process. During the development of the National Policy on Education, a National Commission on Education was established comprising education officials, NGOs and representatives of civil society. The Commission then conducted consultation at village and district levels. The public and NGOs were given opportunities at various levels to make their views known to the Commission. The inputs made at the various levels were taken into consideration in preparing a draft policy which was revised and modified after consultation between government officials and NGOs.

Tanzania also followed a participatory process in planning which can also be considered an appropriate model. Community groups meet for consultation to agree on needs and priorities. At the district level the needs and priorities of the communities of each district are collated and submitted to a National Planning body which uses these inputs to prepare National Plans.

5.3 Planning

For effective implementation of plans resources should be provided and autonomy ensured to appropriate bodies at various levels so that finances are allocated according to agreed priorities.

All transactions between donors and NGOs working in partnership with government should be made transparent and information made available to government, beneficiaries and interested parties.

The timing of consultation is crucial. Stakeholders should be given opportunities to participate at every stage of the planning process.

This envisages "bottom up" participatory decision making from "grass roots" upwards with devolution of power and authority to ensure community participation in planning and implementation.

NGOs should take the initiative to include the community members in committees for the process of identification of needs, priorities and goal setting. However, if such committees do not exist the NGOs should take the lead in organising such committees. The process would involve all stakeholders in planning activities from grass roots level upwards rather than from top down. The challenge is to build on the solid indigenous base with a "bottom up" approach that places a priority on listening to people and on genuinely empowering the intended beneficiaries of any development programme. This approach has proved especially fruitful in the facilitation of the development process as is evident in countries where communities participate in achieving mutually agreed goals and objectives. Concrete actions designed to set goals needs to be made by all parties involved. There should also be public awareness of national goals and policies after they are formulated as is the case with the general commitment of citizens of Malaysia to their country's vision for the year 2020.

Mechanisms must also be developed to enable communities to feel that they not only have an active role in the planning process but they also own projects which are being implemented for their own welfare. If local communities are made

responsible for the management of schools and primary health centres participatory planning and joint goal setting would be greatly improved. Ownership of projects and programmes by beneficiaries promote sustainability and ensures that their real needs are addressed most effectively. For management of schools, structures are established to include government, NGOs, parents and other representatives of civil society. Some of these structures are School Boards, Village Councils and School Management Committees. Encouraging decentralised participatory management does not imply an idealised view of local committees. Powerful vested interest can subvert the wider interest. But in an imperfect world user oriented management is more likely to be responsive to the needs and demands of the inted beneficiaries. The government and NGOs also need to consult at appropriate fora on training needs, teacher training, curriculum development and articulation of formal and nonformal education programmes.

In **Tanzania** an example of collaboration in education between the Government and NGOs is the support by NGOs to school girls who drop out of school due to pregnancy. Provision for education for these pregnant girls are provided by NGOs so that as young mothers they can re-enter the formal school system.

5.4 Quality

For NGOs to participate as effective policy making partners in education and health services, it is necessary to provide training to NGO personnel in areas such as management with special emphasis on financial management.

Since NGOs play a critical role in representing the needs of the communities, seek adequate resources and monitor implementation of programmes there is a necessity of establishing desirable standards of performance and quality based on criteria jointly agreed by government and NGOs. Qualitative and quantitative indicators of performance will enable both parties to set targets which should be achievable. **India** has established criteria for minimum level of learning which is monitored by educational institutions.

Cost-effectiveness must be considered in relation to quality assurance. In order to attain cost-effective delivery of services it is necessary to keep administrative costs to a minimum, integrate programmes within and between the health and education sectors by utilising existing structures/institutions for the delivery of programmes.

For quality assurance and success of projects budget for monitoring and evaluation should be in-built in the projects. Every project should also be analysed for strengths, weaknesses, opportunities and threats. (SWOT) analysis.

Quality assurance and success in project implementation also requires in-built mechanisms and measures to remove corruption wherever it exists. In **Botswana** an Anti-Corruption Department is in place. Any member of the public is free to make submissions which can lead to an investigation by the concerned department.

The government should delegate responsibilities to NGOs for such services where appropriate. It would then be the responsibility of NGOs to monitor and evaluate in accordance with criteria agreed by all stakeholders. Regular reports on the process and outcome of projects should be prepared and the results of evaluation should be available to all stakeholders. The promotion of transparency at all stages of project planning and implementation enhances quality and success of projects through the process of accountability and responsibility.

Box 4.0

India

Partnership between Government and NGOs: Bansara District, Rajasthan India.

In India the impact of social sector programmes in improving the quality of lives of women and children has been mixed. Experience and result indicate that community members and local NGOs are rarely involved on design, implementation and monitoring of programmes meant for the community. A top down approach has predominated. Moreover, there has been a lack of accountability within the bureaucratic system in the delivery of social services to the poor and the needy. In the viii Five Year Plan emphasis has been placed on decentralisation of the development process and progressive devolution of resources and responsibilities to local communities and institutions. This is particularly apparent in the Bansara District "Community Based Convergence Services"

Bansara district is situated in the state of Rajasthan, India. The geographical area of the district is 5,037 sq km and has a rugged terrain predominantly

inhabited by tribal people and people belonging to the schedule caste. According to the census of 1991 the population is 615,4964. Of the total population 92.27% live in the rural areas. Women and children of Bansara district face extreme hardship with high rates of mortality, disease and malnutrition. The Ministry of Rural Development and UNICEF jointly initiated a scheme named Community Based Convergence Scheme (CBCS). Three priorities areas were identified in the district.

i) Health of women and child.

ii) Universalisation of primary education for girls.

iii) Economic development of women.

The following activities were identified under the three heads.

- *To encourage women's groups to articulate their felt needs in relation to their circumstances.*
- *To raise the level of social consciousness amongst the poor rural women.*
- *To form and orient community organisations.*
- *To reduce infant mortality rate (IMR) from 89 per thousand to less than 50 by the year 2000.*
- *To reduce maternal mortality rate.*
- *To reduce infant and child morbidity.*
- *To promote universal access to drinking water.*
- *To increase social acceptance of sanitary practices.*
- *To enhance the nutritional well-being of adolescent girls and women.*
- *To improve opportunities for basic education for all children and women and increase attendance of children in primary schools.*
- *To reduce disparities of social and economic development between males and females and between regions and social groups.*

The key emphasis of this CBCS initiative is effective implementation of the project through partnership between the government, NGOs and community beneficieries. Fifteen NGOs (Voluntary Organisations) have been identified and are working with the Ministry of Rural Development and UNICEF in implementing this project in Rajasthan, India. The NGOs (Voluntary Agencies) play a particularly important role in establishing community organisations so that participation and convergence become effective. This is a significant way of constructively resolving differences between government and NGOs working together towards a common goal.

NGOs should be entrusted to deliver programmes where they are able to respond to the needs of the community. Both government and NGOs must remember that any criticism to be useful need to be constructive since simply fault finding is counter productive in any endeavour. This must be remembered by both the parties in order to promote collaboration and partnership through mutual respect, understanding and if necessary through constructive criticism.

Chapter 6 Techniques of evaluating the partnership process in the areas of basic education and primary health care

6.1 Synthesis of group discussions

A basic premise for successful partnership is common purpose and a relationship based on trust and mutual respect. The focus of evaluation should be on relationship between process and product and on all aspects of the project in order to benefit the people. Two key questions need to be asked in terms of evaluating HRD projects.

Who are the target groups?

What are the activities?

Clear indicators for evaluation are necessary from the beginning of the project implemented in partnership between the government and the private sector. Evaluation should be used to inform partners as to their specific responsibilities as well as to appraise them of the strengths and weaknesses during the implementation process.

6.2 Evaluation of the partnership process

Some critical questions in evaluation of the partnership process are the following:

- Are the objectives clearly articulated?
- Are there specified criteria for ensuring accountability and are they being followed?
- Are their clearly established channels of communication between the partners?
- What mechanisms are being followed to ensure that transparency is present?
- Is there any available information on previous work/ projects, esp. if a longitudinal study is being carried out?
- Are there proper systems of coordination between the partners?

6.3 Key elements of evaluation

The key elements of evaluation should include:

- Preparation as well as gathering and sharing of experience and information.
- Identification of technical requirements and objectives of the project.
- Development of instruments of evaluation.
- Carrying out of evaluation.
- Dissemination of findings.

There are two main approaches that can be used in evaluation.

- Qualitative which is the preferred method for NGOs and communities whose focus is on improvement in basic education and primary health care. Focus group discussions and Participatory Rural Appraisal (PRA) could be the method of choice.
- Quantitative is the preferred method for donors and government whose interest is often in costs and benefits. The Cost-benefit Analysis and Logical Framework could be the method of choice. However, where Cost-benefit Analysis is used NGOs and beneficiaries may wish to carry out qualitative evaluation.

6.4 Different methods of evaluation

Three types of programmes which could be evaluated using different methods are:

i) Fully run government programmes that only seek NGO assistance with evaluation.

ii) Programme that have been handed over by the government to be fully run by the NGOs

An example of this type of programme is the **Belize Family Life Association** which is the only organisation offering family planning services in Belize.

iii) True government /NGO participatory programmes.

Working in partnership indicates joint activity and, therefore, all stakeholders should be involved and should agree on who and how the evaluation should be carried out. It should not be just government oriented or NGO driven but based on trust and on "equality" of partnership for successful outcome.

There are different kinds of activities based on partnership and include:

i) Project implementation.

ii) Service delivery.

iii) Awareness generation campaigns.

This envisages that there will invariably be different techniques required to evaluate and assess different aspects of projects. Consequently Strengths, Weakness, Opportunities and Threats (SWOT) analysis or Knowledge, Attitude, Practice studies (KAP) can both be applied in order to evaluate different aspects of a single project.

In some cases, a tripartite evaluation is the best approach. This would include i) community based NGOs participating with focal groups in evaluation; ii) an external agency selected by both government and NGOs to help with the strategy of effective evaluation; iii) and government representatives to see how successful the programme is and how it could be replicated. The reason behind projects that are not successful is the presence of gap between intentions and performance. This may be due to political pressures, poor coordination, absence of data and knowledge, weak institutional framework and inadequate participation of both partners and beneficiaries in finding solutions.

6.5 Terms of Reference

The Terms of Reference (TOR) for evaluation should provide an understanding of what is required to be done based on specific written guidelines. The TOR should be developed and drafted through joint discussions by a committee comprising representatives of all stakeholders.

TOR should contain the following elements:

- Specific defined roles of the participants.
- Time-frame.
- Ways in which evaluation should be carried out.
- Process for resolving differences which may arise among partners.
- The understanding that results of evaluation should reach the targeted beneficiaries in a language that is comprehensible to all.

It is necessary for evaluators to be proficient in identifying hidden agendas and biases that can affect evaluation. It is also critical for evaluators to understand and appreciate cultural practices, ethnic and gender issues and the objectives of the project. Baseline information can be of several types such as experiences of resource persons in the community, reports from project manager, health and education records and information from NGOs working in the locality.

The most important factor is that the TOR must clearly identify the framework and objectives of evaluation. An example of differences in the objectives of evaluation and hidden agenda was demonstrated in a situation in **St Lucia** where a programme on Cervical Cancer Screening was abruptly changed from screening and treatment to policy and education.

The time frame for evaluation depends on factors such as human and financial resources; elements to be evaluated and the size of the project. In some cases there is a specific budget for evaluation.

6.6 Three kinds of evaluation

- Formative
- Summative
- Impact

The budget for evaluation should not exceed the cost of the programme and it should include self-evaluative measures.

Capacity building is necessary for evaluation to be successful. Persons involved in the evaluation process should be adequately trained so that they are capable of applying intellectual, technical and "know how" skills effectively.

6.7 Main benefits of evaluation

- Identify areas of weakness for remedial measures.
- Monitor attainment of particular objectives.
- Build legitimacy of the project/programme.
- Instill sense of accomplishment among partners.
- Build trust among partners.
- Provide opportunities for acquisition of skills.
- Form a base for strategic planning for the future.
- Set up foundation for sustainability because effective evaluation can depict strengths and weaknesses as well as appropriateness of the projects/programmes.

- Assess the impact of a project/programme based on the fulfilment of the needs by the services provided.

Some projects are easier to monitor and evaluate because they are specific.

An example of a specific and successful project was the one in **Tanzania** dealing with pregnant school girls. School girls became pregnant and dropped out of the school system and later re-entered formal schooling. An NGO assisted them in the pre and post natal period. The assistance included family planning to prevent further pregnancies.

Another project which seemed specific and easy to evaluate was not as straight forward as it seemed and had other aspects which were not evaluated. This was a programme in **Botswana** which provided seed to women for planting crops. It was considered unsuccessful because the cost of a bag of produce after harvest was not considered worth the original outlay. However, the evaluation did not take into account the skills that the women acquired, the effect of their activities on their children, on the women themselves or the creation of positive environment due to involvement of other people in the community.

The methods for monitoring and evaluation should not be prescriptive and should be selected based on agreed conceptual framework and on the competence of the evaluation team. It must be remembered complex projects require complicated and costly evaluation methods.

Many NGOs find the PRA approach more in keeping with their mission and in fostering trust among beneficiaries and partners. They consider the Logical Framework Approach inadequate in involving the beneficiaries. It is necessary to examine the strengths and weaknesses of various instruments of evaluation and select those appropriate for a given context. Both the Logical Framework and PRA Approach require technical skills and team members need to be trained. **The Commonwealth Secretariat and other international agencies can jointly facilitate such training workshops as part of its HRD initiative** to enhance partnership between government and NGOs in basic education and primary health care.

Once the evaluation has been carried out reports should be disseminated to all stakeholders. It is necessary to demystify the evaluation process. The discussion of the evaluation report in an appropriate forum is necessary so that clarification can be made to concerned parties if required.

In **Botswana** at the local level there are foras (traditional meetings-Kgotla, Village Teams, Village Development Committees, Village Health Committees, Parent Teachers Association) at which all members of the community can be briefed. Members of the public and representatives of various sectors attend sessions organised by these groups. In these informal foras people feel relaxed and less intimidated. Such foras promote respect and recognition of partners as working members.

Thus the evaluation findings should be agreed by the team and shared with beneficiaries and the community at local level. They should also be disseminated using appropriate media. Sweeping generalisations should be avoided and the results of evaluation should be used to improve future projects.

Care must be taken to ensure that the objectives are clearly set out so that it enables partners to say how well they have achieved their goals in relation to specific objectives.

Evaluation should involve government, NGOs, donors, beneficiaries and their communities. A holistic approach should be used and as the process develops the team will decide specific roles of members, taking into consideration the input of the communities. Specialists will need to consider all the elements to be evaluated in a holistic way.

Feedback and follow-up action is critical for future projects because of the application of lessons learnt to new projects. This is more crucial for projects carried out in partnership where representatives from both the government and NGOs are involved. Follow up action will lead to improved efficiency and cost effectiveness in service delivery, strengthening of partnership, promote sustainable development, poverty alleviation and less dependency especially of beneficiaries on government or NGOs. This will be evident through a spirit of self-reliance in community activities.

Inspection list and tool kit developed at the workshop should be pilot tested for relevance and applicability before wider dissemination and use. The Commonwealth Secretariat could consider how this might be arranged.

The agenda for constructive partnership between government and NGOs is a large one, however, failing to accept this challenge will hamper human resource development and socio-economic progress.

Chapter 7 Discussion paper: Synthesis of the case studies prepared by participants for the workshop

7.1 Introduction

In this paper the consultant synthesised the responses on the key issues that the case studies were asked to address.

In the paper it does not seek to summarise the text of each study. Rather it highlights briefly what each contributor has said on the key issues the workshop addressed. Particular issues are exemplified by the various situations described by each contributor.

7.2 Current state of relatiosnhip between government and NGOs with specific reference to provision of basic education and primary health care

Conditions and main factors that encourage or constrain effective partnership from the Government perspective.

A main factor to creating an effective partnership is a recognition by sectoral ministries for health or education and NGOs of their respective roles and defining their respective scope for action. For example, health services are deemed by governments to be of national importance as seen in the percentage of national expenditure devoted to health. A similar picture is the case with education. Yet, governments face fiscal pressures to reallocate resources while demand for services increase. NGOs strength lies in their ability to impact directly on communities where they have their roots. For line ministries in health and education, NGOs can have a role in delivery of services at that level. In doing so, NGOs can help to meet national targets for reducing mortality and morbidity through their work in primary health care, preventative health and health education; or improving qualitative aspects of basic education.

This factor is exemplified by the case study from **St Lucia**. It explains how the Ministry of Health collaborates with a number of NGOs in cancer care, genetic diseases such as sickle cell disorder, diabetes, in family planning at community level, health education, nutrition and community nursing.

In **Zimbabwe**, NGO inputs are strongest at the level of local communities which is where the District Health teams work and this relationship is regarded by the Ministry of Health as effective. The case study gives details of how this has worked in practice through the example of the Chivi project, which is targeted at vulnerable women in one of the poorest regions in Zimbabwe. This project is inter-sectoral with the aim of improving health, functional literacy and building up income-generating activities for the women of the local communities. A significant element in developing the partnership between all the stake-holders was the careful build up of activities and trust by the providers. This had deliverable results in direct improvements in health care and functional literacy rates of the target group.

- In **Swaziland**, NGOs have an active and long-standing partnership with Government in delivering both primary health and education services. This is recognised in the financial support given by line ministries to NGOs. Ninety-four of the 142 primary health clinics are under the auspices of NGOs. Ten of the health centres and hospitals are run by Government in partnership with NGOs and receive financial subventions from the Ministry of Health. Other NGOs provide special services that alleviate the burden on government where resources are limited, for example, in family planning, sexually transmitted diseases, HIV/AIDS, and health motivators who promote better health practices and education at the community level. In tackling the need for vocational skills training for school drop-outs, several of the training centres have been built and are run by NGOs with the active co-operation of the Ministry of Education, in order that trained personnel, especially women, can start their own small business.

As a contrast, in the **Cameroon** in general financing of basic education and primary health care. is purely a government concern. However, it does support certain religious based organisations and individuals the running of primary schools as it appreciates they are performing the work of the Government.

7.3 Effective partnership through financial support from government to NGOs

In **India**, individual ministries and departments have laid down clear policy frameworks for active participation of NGOs in national programmes and ear-marked separate funds for NGOs in, for example, increasing voluntary effort in education and specific measures to tackle the problems of basic education. For example, in meeting the needs of marginalised children and school drop-outs, government funded programmes are largely implemented through NGOs. This funding in 1994-95 was for 29 000 non-formal education centres run by the voluntary sector (226 000 by the state sector).

Effective partnership is also exemplified in the strong collaboration between the Ministry of Health and the **St Lucia** Cancer Society in the delivery of cancer care services. In 1983 the Society pioneered the Early Detection Programme. This was adopted by the Ministry of Health and it is now offered in all eight health regions of St Lucia. With financial assistance from the Ministry, the services of clinic nurses were made available at the Early Detection Centre of the Society. This partnership led to others that benefited the cancer care offered nationally, for example, the French government provided quarterly visits by an oncologist to examine patients for specialised treatment. Furthermore, in relation to health education, the Society trains primary school teachers in cancer education.

In **Zimbabwe**, annual grants from the regular budget of the Ministry of Health and Child Welfare are given to voluntary organisations and missions involved in providing health care. These grants pay for salaries, some recurrent expenses and drugs.

In **Swaziland**, financial support is given by the Ministry of Health to those NGOs who run primary health clinics and, also, a number of health centres and hospitals in partnership with Government. (see para. 2.1.2.)

In **Zambia**, government recognises that a major part of health care is delivered by NGOs which is complementary to its own and, therefore, it provides financial and technical resources while the NGOs implement programmes. This is particularly the case with the National Aids Prevention and Control Programme.

In **South Africa**, NGOs have been the engineers for democratic transformation of health care delivery system and this partnership is seen in the support given by government to NGOs. Guidelines are given and funding is provided to support delivery by NGOs to reach goals set by the Department of Health. For example, the National Progressive Primary Health Care Network fulfils contracts from the Department in a number of areas such as primary school nutrition, youth sexuality, and primary health care planning at district level.

In **Botswana**, government recognises the importance of partnership with NGOs, through direct formal support for mission aided schools and indirect assistance to private and community primary schools. Individual NGOs have played a significant role in the planning and delivery of health especially primary health care and which have received government support, for example, the Associated Medical Missions of Botswana.

Effective partnership is encouraged if Government policy allows for decentralisation of action. NGOs can then play a role in providing services to meet specific needs in co-operation with the decentralised units of a ministry of health or education.

For example, in **Zimbabwe**, policy is to fully decentralise the management of health services to rural district councils. [It] is aimed at managing services closer to the point at which they are delivered in order to make services more responsive to consumer needs and preferences. Furthermore, resource management authority is being decentralised to the health service provider unit in order to ensure cost effective use of resources. The central Ministry of Health and Child Welfare will maintain the responsibility for strategic planning and health financing. Within that context NGOs then have a role to provide services as part of a partnership with the decentralised government unit at the local level.

In **India**, platforms have been created at various levels to establish good Government-NGO partnerships as confirmed by the NGO case study from India.

Recognising the role that NGOs can play and one that also is cost-effective, State governments in India have handed over the total responsibility of primary health care centres and basic education in remote and tribal areas to NGOs. This policy seeks to avoid duplication of programmes and wastage of the limited resources available

Case studies from a government perspective point out some conditions that lessen impact and contribute to lack of effective partnership. They includes the absence of a data-base on target groups for health or education which would ensure that services can be directed most effectively by the government and their NGO partners.

Another constraint is seen as the inability of some partners to monitor the effectiveness of their various interventions.

Where government is centralised, with limited devolution of authority for resource management, this will constrain the development of collaboration by regional/district health and education bodies with NGOs, in order that they can provide services on their behalf at the local level.

7.4 Conditions and main factors that encourage or constrain effective partnership (NGO perspective)

Partnership can be difficult where **NGOs perceive that the legislative framework controls rather than enabling an independent NGO sector to flourish**. This is often coupled with what is seen a constraining fiscal/tax framework for mobilising resources. The case-study from Pakistan points out that recent changes in legislation by government took place without full consultation with the NGO sector, which then regards such legislation as meant to control their activities. Lack of consultation combined with a legislative framework that is regarded by NGOs as inhibiting their activities can diminish effective partnership. In the case of Belize, the case-study from the NGO perspective points out the constraints that NGOs face in resource mobilisation when they are classed as profit-making business ventures. There is a need for legislation that differentiates them and recognises their non-profit making basis.

Effective partnership can be thwarted where there are individual personality and attitudinal problems between government officials and NGO personnel, and which reflect the different rationale and motivation to their work. As the study from the Solomons points out, this can often be alleviated by the normal rotation of government officials so that fresh starts can be made.

This possible misunderstanding between government officials and NGOs can possibly be compounded where (as in a number of countries) bi-lateral and multi-lateral donors increasingly regard the NGO channels as more effective in delivery of components of their aid programmes, because of their organisational structure and work at the grass-roots level. Government officials involved in that particular sector can then regard this role for a NGO in implementation as detracting from their own role and as impinging on their own sectoral territory. Funds going through NGO channels can also be regarded as diminishing revenue flow to government and mis-interpreted as reducing the funds available to a line ministry for its programmes. At the extreme, this attitude can influence both the establishment and implementation of the legislative framework for NGOs.

Other intangible factors that constrain effective partnership that need to be considered are those brought out in a case-study on the implementation of an oral rehydration programme in **West Africa** to combat high infant mortality rates due to dysentery and kwasiokor. It pointed out the subtle and symbiotic factors which constrained partnership between the indigenous NGOs delivering the programme and Government. These factors were that:

- Regional differences in successful delivery of the programme were in part due to personal contacts and favouritism from the ministry of health towards individual NGOs.
- Tribal loyalties and the ethnic composition of different areas also played a part in the deployment of support from the ministry.
- Political rivalries also combined to deny certain regions support for the ORT and educational programmes as a form of punishment for past political misbehaviour.

That same study also mentions a **gender dimension** to the constraining of effective partnership between government and NGOs. Influence through male connections led to success whereas the NGOs led by women had difficulty getting attention.

Working in partnership can be constrained where government regards negatively the attempts of NGOs, especially where they have a **advocacy role**, to raise issues on behalf of their constituents and the communities they help which government ministries would rather were not addressed. Such attempts can be construed as opposition to government policy. Different aspects of this issue

are mentioned in some of the case studies, such as those from NGOs in Solomons, India and Pakistan.

One limitation to partnership is the **non-replication of successful NGO initiatives by government bodies** and which was outlined in the study from India (NGO).

As the NGO study from Belize points out, some of the **problems in the relationship between individual NGOs and Government departments can be mitigated by effective networking on the part of NGOs**. Development of networks, both formally and informally, can provide a continuity of support and partnership, especially when government personnel change. Such networks can lessen the problems of projects and support becoming dependent on individual relationships rather than the effectiveness and ability of the NGO in delivering results.

In **Namibia**, NGOs identified the lack of effective communication between Government and NGOs as the most serious constraint to effective collaboration. One conclusion of a study in 1995 was that As a consequence of poor communications and an ill-defined working relationship .... [some respondents] felt that Government has yet to facilitate ... an enabling environment for NGO operations. The same study noted also the lack of communication and co-ordination between NGOs.

7.5 Key areas of concern for effective implementation of HRD initiatives

A number of factors facilitate the constructive resolution of differences between government and NGOs in effective implementation of initiatives in basic education and primary health care. The following are some of the factors mentioned in the different case-studies and illustrated with examples drawn from different countries.

A main factor in developing a constructive relationship and which can help to resolve any differences that arise over implementation is where the respective roles of both the line ministries for health and education and NGOs in relation to providing services have been defined. Furthermore, the extent to which government has recognised where each can deliver services most efficiently and cost effectively, and then establish the necessary operational mechanisms.

- **St Lucia** offers an example of good practice where such a relationship has been created that allows for constructive resolution of any differences. For example, NGOs can have an effective impact at community level as that is where their roots are. Partnership is substantiated through annual financial support from the ministry of health to a number of NGOs. This partnership is seen broadly as contributing to an outcome of helping to reduce mortality rates, especially for infants.
- **The Solomons** also offers an example where the two sides of the partnership work together effectively. One factor brought out the study is that government regards positively the flexibility shown by NGOs.
- In **Belize**, district health teams have an important role to play in the organisation and delivery of health services under new Ministry of Health policies. Membership is open to anyone interested in health, whether they are a health professional or not. They are regarded as an important vehicle for information sharing, collaboration and co-ordination of activities by NGOs and Government officials.
- In **Swaziland**, NGOs have an active and long-standing partnership with Government in delivering both primary health and education services. This is recognised in the financial support given by line ministries to NGOs. Ninety-four of the 142 primary health clinics are under the auspices of NGOs. Ten of the health centres and hospitals are run by Government in partnership with NGOs and receive financial subventions from the Ministry of Health. Other NGOs provide special services that alleviate the burden on government where resources are limited, for example, in family planning, sexually transmitted diseases, HIV/AIDS, and health motivators who promote better health practices and education at the community level.
- In tackling the need for vocational skills training for school drop-outs , several of the training centres in **Swaziland** have been built and are run by NGOs with the active co-operation of the Ministry of Education, in order that trained personnel, especially women, can start their own small business.

NGOs play a role in training personnel for the health and education sectors in order to help fulfil the human resource development initiatives of some governments, as shown in the case studies.

- For example, mission hospitals in **Zimbabwe** are used for training nurses and other allied professions. They are also used for attachments for medical students and trainee nurses. Short courses for traditional midwives and of farm health workers are given in NGO based institutions. Red Cross workers are attached to various government health institutions for experience. Outreach training programmes are undertaken by the Ministry of Health staff and collaboration is encouraged with NGOs who are involved in extension work in the villages such as Womens Action Group, World Vision, Save the Children Fund (UK and USA). Local NGOs are also more involved in supporting health programmes. Government regards this as an increasing trend and it … will have a major impact in accelerating the health agenda to beyond the year 2000.

The reasons that can lead governments to recognise the potential of partnership with NGOs and allow differences to be overcome vary from country to country, and reflect their specific situation. Some common imperatives can, however, be discerned. One is a **recognition by government that NGOs are able to work at the grass-roots which is difficult for government ministries**. Furthermore, through these links with a local community, NGOs can enhance the achievement of specific outcomes in health and education that have been desired by government.

One other dimension that enhances that partnership for government is that the **NGO** provides, in the words of the Tanzania case-study "… **a critical link between planners and policy makers on the one hand and the beneficiaries on the other.**"

- In the case of **Tanzania**, for example, the case-study points out that the high population growth, coupled with resource constraints, inadequate management and managerial skills, inadequate capacity to accommodate the demands for education and health care from growing has led government to examine how NGOs, together with community based organisations and the private sector can bridge gaps in the delivery of services. It recognises that, by operating at grass-root level and often in remote areas, NGOs have reached the poor sections of the country. By being present on the ground, they have the advantage of getting accurate information and knowledge about the needs and interests of the people.
- Similarly, in **the Solomons** where NGOs work in some of the most remote and inaccessible areas of the country that government finds hard to serve. NGOs and churches are taking the lead in some important areas, such as vocational education, which although being an important service that is in high demand cannot be supported through government resources.
- In **Zimbabwe**, partnership with voluntary organisations and NGOs has contributed to substantially increased levels of awareness on basic health in local communities. Also, it helped in the revision of most training syllabi for health workers to reflect the primary health care needs of those target groups.

Demonstrating the practical benefits of collaboration and partnership can help resolve any difficulties in effective implementation of health and education initiatives, as illustrated in the benefits listed in the case-study from **Tanzania** and which include:

- increased financial power given to education and health institutions;
- more schools and places, especially at pre-school level, allowing higher enrolments and capacity to serve disadvantaged communities;
- fostering community involvement and financing of school buildings to demonstrate to government their need for continuing ministry support for their schools;
- broadening the financial base for education through cost sharing and liberalisation strategies.

On the other hand, some of the case studies also point out the **constra nts to effective partnership in the long-term** and which have general application. **This is one of sustainability of the impact that results from such partnership.** The sources of support to the NGO are not assured and this can create a problem of sustaining the school or health centre, when a building is handed over to government, if it does not have the resources to continuing that support. **For example, in Swaziland**, the Family Life Association of Swaziland was funded by USAID and which has now ended its programme of support. This has forced the organisation to levy user charges. The case-study sees this as having "adverse effects in that people who used to get help free of charge from the organisation may not go back ... staff have had to be retrenched ... Lack of government resources has made it impossible to take over such essential organisations."

Critical is **building institutional capacity** and where this is lacking, then the benefits of partnership are hard to sustain.

A variation on government and NGO partnership is where the community takes on some of the responsibility for basic education and participates in the process of improving the quality of education.

7.6 Resolution of differences through consultation

Resolution of differences rests on creating the maximum opportunities for dialogue and consultation between NGOs and government bodies.

Communication, and especially if through an established mechanism, can bring benefits of shared insights and understanding to both sides. In a practical sense, a collaborative forum can be instrumental in fostering partnership in relation action programmes on health and basic education needs. This implies a recognition of government as to the role that NGOs can play by virtue of their links with the communities they serve and which can complement the developmental efforts of line ministries. As the case-study from India states ... the co-existence of both state and the NGO sector in the areas of basic education stems from the belief that the roles of the Government and the NGOs are complementary and not conflicting.

One mechanism that the Ministry of Health and Family Welfare in **India** is considering to facilitate the participation of NGOs in public health initiatives is to set up an apex body - Society for Voluntary Action for Family Welfare and Health- which would act as a channel for all central voluntary sector funding. It would serve as a conduit for funds to the grass-roots NGOs, liberalise funding procedures and evaluate projects undertaken by NGOs. Training in project formulation and management would also be provided.

The extent of participatory planning and joint goal setting in the above areas and the factors that have encouraged this or have inhibited such partnership varies between countries. Some examples are detailed below.

In **Zimbabwe**, NGOs participate in meetings with the Ministry of Health, donors and other actors in delivering health care systems in order to discuss agreed plans and the outcomes for projects under implementation. Mission hospitals and professional associations, which are involved in formal teaching, are involved in curriculum review and goal setting. NGOs are invited to participate. Evaluation of impact and outcomes are also undertaken at times in the form of joint missions. Such an involvement helps to increase the partnership between government and NGOs in the health sector.

NGOs in **the Solomons** submit action plans to the parent ministry well in advance of the expected implementation date. They are then considered at a joint session where the plans of the NGO can fit in with the needs identified by government and their plans to meet them.

The case study from **Belize** demonstrates the "significant and increasing level of participatory planning and joint goal setting." This is in regard to the revision of the Education Act and Education Rules. Representatives of private voluntary organisations and community interest groups are included on a National Council of Education which looks at all aspects of education in Belize. Under the revised Education Act, District Education Councils assist the Ministry of Education in planning and monitoring the delivery of equitable and appropriate education services in the various regions. This is a means to decentralise and regionalise educational management. NGOs are represented on these councils as one of the interest groups involved. Finally, management of schools is more the responsibility of local communities to enable them to determine operations in relation to their needs.

In **Belize**, "it is anticipated that more open and participatory planning and monitoring of educational services, involving the community as a significant factor will provide community groups and other partners with greater ownership of the process. The Ministry [of Education] is at the same time changing its concept of involvement to a planning and monitoring role in terms of the larger national perspective and to quality assurance." In the health sector, the Red Cross is involved in Government bodies such as the National Disaster Preparedness and Response Committee and the Health Reform Committee. In terms of overall national planning, the draft National Plan for Belize recognises the contribution that NGOs have made to the process of development. The Plan allows for their future inclusion in Government plans.

Swaziland is currently in the process of formulating a health policy which will include relevant NGOs.

In **Botswana**, "although NGOs have continued to play a critical role in the development process, their active participation in goal setting and policy planning has been minimal or negligible." There has been ad hoc collaboration and meetings held to try and develop more collaborative activities. However, with the formation of a National Council more formal collaboration is now established. NGOs have made inputs in programmes and policy planning in the formulation of the Eighth National Development Plan, which "it is hoped will go a long way in setting the pace."

Principles and techniques used in the evaluation of the partnership process in basic education and primary health care

Where the studies addressed this issue, it was to point out that no formal techniques were used. In some cases, NGOs do submit reports on its work to a ministry where it has provided funds for their activities.

The Solomons offers a good example of partnership in this process insofar as overseas NGOs are concerned. Each carry out their own programme evaluation and submits an annual report on its activities to government. The study states that "... Solomon Islands have gained a god reputation in this area of working together, particularly with the churches. People from other countries have visited ... to look at the way the churches, NGOs and government work together in partnership, particularly in health."

Conclusions and recommendations made by the case studies on interventions ans d strategies to improve effective partnership between government and NGOs.

7.7 Interventions and strategies to improve the partnership process and encourage good practice

A number of interventions and strategies which can improve the partnership process and encourage good practice, as well as the factors that have facilitated this, were mentioned in the case studies.

Recommendations were also made as to how they could be realised. They are all summarised below and can form a basis for group discussions. Institutional mechanisms for closer interaction between Government and NGOs could be set up that reflect that partnership at all levels- district, region, and national- and which would assist effective implementation of programmes by both sectoral ministries and NGOs.

The onus is also on **government to ensure that national plans are well formulated** in order that NGOs can readily define their plans and projects to complement, rather than compete, with those of government. Then **NGOs should be involved in planning at all levels so that their inputs can be determined** in the interests of cost-effective realisation of goals for the health and education sectors.

Joint ownership of developmental projects in health and education needs to be developed wherever possible. In doing so, this would replace the idea that there should be competition between Government and NGOs with that of partnership. [The] roles of the Government and the NGOs are complementary and not conflicting.

Strengthening the capacity of NGO umbrella bodies in a country can not only help look after the overall interests of NGOs in terms of policy environment and operational frameworks. It can also provide an interface with some collective backing for individual NGOs in their relationships with government.

A major issue is how to **maintain the continuity of inputs to the partnership** between government and NGOs so that the results can be maintained and the partnership itself sustained in the long-term.

Recognition is needed by both government and NGOs of the roles each can play in effective delivery of services. They have to be clearly

defined. This entails a frank appreciation of each other s strengths and weaknesses so that government and NGOs can complement each other in meeting specific needs of primary health care and basic education. To do this requires open and two-way communication.

Means whereby **mutual distrust and suspicion** between government line ministries and NGOs can be **overcome** need to be agreed. As one study phrased it "... good partnership ... can only be promoted, nurtured and sustained if distrust and suspicion of one another is replaced by trust, confidence, goodwill and an objective understanding of the situation, in which the target groups of development are placed." One practical measure is improved communication between both sides through sharing of information and reports. For example, in Zimbabwe, "government is willing to share ideas and come to an agreed position of how working relationships can be strengthened ... and a few NGOs now send annual reports to the Ministry of Health."

Maximum opportunities for dialogue and consultation between NGOs and government bodies need to be encouraged. Channels of communication need to be facilitated at both national and the local working level on projects. Established mechanisms, for example, government-NGO forums, working groups and co-ordinating bodies could be strengthened to assist in the resolution of differences. Such interventions can bring benefits of shared insights and understanding to both sides. In a practical sense, creation and development of such opportunities for increased communication can help foster partnership in relation action programmes on health and basic education needs.

Financial support from government to those NGOs that deliver services to help meet government targets and priorities for the health and education sectors. Line ministries could earmark a fixed percentage of its budget exclusively for NGOs and which recognises their contribution to meeting developmental targets at often a lower cost than government.

NGOs need to address the issue of transparency with regard to resource availability and use in order that the concept of sharing responsibility and minimising duplication is to be realised. Through transparency in their work, NGOs can also be seen as offering "positive models of democracy" in countries building up the democratic process as in highlighted in the case of Mozambique.

Evaluation of partnership projects should not be done in a bureaucratic way with its emphasis on meeting expenditure targets; but rather **oriented to quality of performance**.

Overseas NGOs evaluate their impact of their work on specific programmes and projects before establishing new partnerships and making new inputs.

Recognise the difficulties associated with participatory planning in specific social, political and ultural contexts

Realistic monitoring and evaluation measures for time-based projects designed to meet particular issues need to take account of specific socio-economic and cultural contexts

Standards of performance and other compliance measures for NGOs in delivering services funded by government need to be established, in order to ensure effective and efficient utilisation of resources. They will need to be based on:

- a critical analysis of the services provided by NGOs with an emphasis on its client group, service capability, quality of service and level of training given to its personnel;
- a determination of the services that can be more effectively and efficiently provided by the ministries of health or education and NGOs;
- a clear definition of objectives for the projects and programmes being implemented by NGOs;
- installing mechanisms for monitoring and evaluation, as well as financial management.

A positive legislative framework including a favourable tax regime can assist NGOs define clearly their relationship to government and give clear guidelines for their operations. In some countries, the operations of NGOs are constrained by treating them as ordinary businesses and regulating them accordingly. A clearly defined and acceptable framework also would serve to regulate NGOs meet the standards of best practice in terms of transparency and accountability. Thus enhancing partnership on both sides and the contribution of NGOs to the creation of a civil society.

Strengthening of existing information databases available to both NGOs and government would help to identify expertise, experience and human resources available within a country. This might help more cost-effective and culturally

sensitive implementation of projects in which NGOs and line ministries at the local level are partners.

Where there are defunct institutions in rural areas, for example, rural health centres, they could be revived through active involvement of NGOs.

7.8 Skills development in key areas

The case studies showed that there was an overall need for both government and NGOs to develop skills in the following key areas in order to achieve more effective partnership

- constructive resolution of differences between government and NGOs for effective implementation of HRD initiatives;
- participatory planning and joint goal setting in basic education and primary health care;
- and especially the evaluation of partnership process in basic education and primary health care.

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Abbreviations

CBCS	Community Based Convergence Services
CEDAW	Convention for Elimination of Discrimination Against Women
CHOGM	Commonwealth Heads of Government Meeting
DVET	Department of Vocational Education and Training
ERP	Education Reform Programme
ERRC	Educational Reform Review Committee
FFF	Foundation for the Future
HDI	Human Development Index
HRD	Human Resource Development
IMR	Infant Mortality Rate
IT	Information Technology
LAA	Learning Assistance Allowance
LFM	Logical Framework Method
KAP	Knowledge Attitude Practice
MIS	Management Information Systems
MTP	Medium Term Plan
NANGOF	National Association of Non-Governmental Organisations Federation
NBCC	National Brigade Co-ordinating Committee
NCTVET	National Council for Technical and Vocational Education and Training
NGO(s)	Non-Governmental Organisation(s)
NTA	National Training Agency
ODA	Overseas Development Administration
PIU	Project Implementation Unit
PRA	Participatory Rural Appraisal
PROGIS	Provisional Guidance Information System
PTA	Parent Teacher Association
QOL	Quality of Life
SIDA	Swedish International Development Agency
SWOT	Strength Weaknesses Opportunities and Threats
TFEA	Targeted Funding for Educational Achievement
TOR	Terms of Reference
TQM	Total Quality Management
UNESCO	United Nations Education and Science Organisation
UNICEF	United Nations International Children's Fund
UPE	Universal Primary Education
USAID	United States Agency for International Development
VA	Voluntary Agencies
VAFAH	Voluntary Action for Family Welfare and Health
VTDI	Vocational Training Development Institute
WHO	World Health Organisation